

2202

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **118**
Registrar's No. **5**

1. Place of Death: (a) County Greenlee (b) City or Town Clifton (c) Location 48 yrs (d) Length of Stay: In Hospital or Institution 48 yrs (e) In Community 48 yrs (f) In Arizona 48 yrs
2. Usual Residence of Deceased: (a) State Ariz (b) County Greenlee (c) City or Town Clifton (d) Street No. None
3. (a) FULL NAME Karl Michael Behade (b) If Veteran name war NO (c) Citizen of foreign country (Yes or No) NO (d) Social Security No. None

4. Sex M 5. Race White 6. (a) Single, married, widowed Widowed
7. Birthdate of deceased May 4 1877 8. (b) Name of husband or wife None 8. (c) Age of husband or wife, if alive Yrs.

9. Birthplace Autenburg Germany 10. Usual Occupation Proprietor

11. Industry or Business Deer Cole Bldg Lts

12. Name Michael Behade 13. Birthplace Germany

14. Maiden Name Augusta Behade 15. Birthplace Germany

16. (a) Informant's own signature M. Behade (b) Address Clifton Ariz

17. (a) Burial, Cremation or Removal Burial (b) Place Clifton Ariz (c) Date Mar 16 1946

18. (a) Embalmer's Signature M. M. Mullen (b) Funeral Director M. M. Mullen (c) Address Clifton Ariz

19. (a) Mar 15 1946 (Date received Local Registrar) (b) M. M. Mullen (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Mar 13 1946 TIME (Hour and minute) 9:55 AM

21. I hereby certify that I attended the deceased from Dec 1944 to Mar 13 1946 that I last saw him alive on Mar 13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pern. Carditis decompensation

Due to Chr. Cardio-vascular disease

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. K. Rumpham Address Clifton, Ariz. Date signed Mar 14 1946

DURATION 4 days

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically